MEDICAID CLAIMS WORKLOAD

AND

PROCESSING TIMES REPORT

JANUARY – MARCH 1985

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INTRODUCTION

The Medicaid Claims Workload and Processing Times Report is prepared on a quarterly basis by the Bureau of Quality Control, Division of Reports and Analysis. This report is designed to provide current information on workloads as well as timeliness of claims processing activities as reported by State agencies on the Monthly Statistical Report on Medical Care - Part IV (HCFA-120).

It is intended that the information in this report be used to identify individual State trends as well as problem areas toward which program monitoring activities should be directed in order to improve the timeliness of claims processing by the States. However, the information in this report cannot be used to determine the State's compliance with respect to the standards spelled out in the timely claims payment regulation (42 CFR 447.45). This regulation added new Medicaid State plan requirements for timely processing of claims from practitioners who are in individual or group practice or who practice in shared health facilities.

As part of the requirements of this regulation, Medicaid agencies must pay certain percentages of "clean" claims within specific time periods measured from date of receipt. The regulation gives the States the option of defining a claim as (1) a bill for services, (2) a line item of service or (3) all services for one recipient within a bill. "Clean" claims are those claims that can be processed without obtaining additional information from the provider of services or from a third party.

In contrast to the above, the information shown in this report is based on the following criteria:

(1) Common definition of a claim for each type of service category,

(2) claims processing time for State agencies determined using adjudication date instead of payment date, and

(3) inclusion of all paid claims and not just "clean" paid claims.

Therefore, because of these dissimilarities the information contained in this report cannot be used to determine adherence to the timely claims payment regulation.

Division of Reports and Analysis
September 1985

The following data on claims paid under the Medicaid Program are included in table 1 of this report by type of service:

Number of Claims

Percent Distribution of Claims by Type

Average Days from Date of Receipt to Date of Adjudication

Percent of Claims Requiring 30 Days or Less from Date of Receipt to Date of Adjudication

Percent of Claims Requiring 90 Days or Less from Date of Receipt to Date of Adjudication

At the end of the report is an Appendix providing definitions for claims and claim categories along with explanations of table headings for table 1. Comments and questions regarding the content and format of this report should be directed to: Health Care Financing Administration, Bureau of Quality Control, Office of Program Quality Evaluation, Room 260 East High Rise, 6325 Security Boulevard, Baltimore, Maryland 21207, (301) 594-9494.

MEDICAID CLAIMS WORKLOAD AND PROCESSING TIMES REPORT
JANUARY - MARCH 1985

Executive Summary

- A analysis of the State's Medicaid processing times for the January-March 1985 quarter again showed both positive and negative changes when compared with the identical 1984 quarter.
  - + Average processing time required to adjudicate a claim increased from 15.0 days to 15.6 days.
  - + The percentage of claims processed within 30 days increased from 92.8 percent to 93.5 percent.
  - + The percentage of claims processed within 90 days decreased from 99.7 percent to 99.5 percent.
  - + The percentage of States processing over 99 percent of total claims within 90 days decreased from 88.2 percent for the 1984 quarter to 84.3 percent for the 1985 quarter.
- A comparison of the claims volume for the identical 24 States that submitted complete data for both the January - March 1984 and 1985 quarters disclosed an increase in workload of 1.1 percent (78.1 million claims processed in the 1984 quarter compared to 79.0 claims processed in the 1985 quarter).

MEDICAID CLAIMS WORKLOAD AND PROCESSING TIMES TABLES

OVERVIEW

The following tables are included in this report:

- Table A shows national data on the number of adjudicated claims and the percent distribution by type of claim for the most recent five quarters.
- Table B shows national data on processing times for all claims combined, and average processing time by selected types of claim for the most recent five quarters.
- Table C compares data on the number and the percent distribution of reporting States by the percent of all claims processed in 90 days or less for the January-March quarters for 1984 and 1985.
- Table 1 shows workload and processing time data by State for January-March 1985.

TABLE A: NUMBER OF MEDICAID CLAIMS AND PERCENT DISTRIBUTION BY TYPE OF CLAIM FOR REPORTING STATES JANUARY 1984 - MARCH 1985

Quarter	Number of Reporting States	Adjudicated Claims	Percent of Distribution by Type of Claim								
			Total	Physician	Prescribed Drugs	Outpatient Hospital	Dental and Other Prac.	Inpatient Hospital	Long Term Care	Part A/ Part B Crossover	All Other Claims
1984											
January-March	53	131,390,771	100.0	18.3	35.9	9.9	8.1	0.8	2.9	11.1	12.9
April-June	52	140,243,478	100.0	18.5	33.7	10.3	8.4	0.8	3.1	11.7	13.5
July-September	50	120,256,017	100.0	17.6	34.0	10.4	8.2	0.8	3.0	11.9	14.1
October-December	41 1/	115,759,754	100.0	17.0	32.3	10.8	8.3	0.7	2.7	12.0	16.2
1985											
January-March	34 1/	88,620,943	100.0	16.8	32.9	10.4	8.0	0.8	2.9	12.8	15.4

1/ The decrease in the number of reporting States is due to the expiration of the HCFA-120, Part 1V report which was the vehicle for reporting State's claims workload and processing times information. This decrease however, is temporary and reporting by all States will resume with the approval of the HCFA-441 (replacement to the Part 1V) by Executive Office of Management and Budget.

TABLE B: SELECTED PROCESSING TIME DATA ON ALL AND SELECTED TYPES OF MEDICAID CLAIMS ADJUDICATED 1/
JANUARY 1984 - MARCH 1985

Quarter	All Types of Claims: Average Processing Time (Days)	All Types of Claims: Percent of Claims Requiring 30 Days or Less	All Types of Claims: Percent of Claims Requiring 90 Days or Less	Averaging Processing Time (Days) For Selected Types of Claims: Physician	Prescribed Drugs	Outpatient Hospital	Dental and Other Prac.	Inpatient Hospital	Long Term Care	Part A/Part B Crossover	All Other Claims
1984											
January-March	15.0	92.8	99.7	18.6	13.6	15.1	18.3	17.0	8.7	10.4	17.0
April-June	13.8	95.2	99.7	17.3	12.5	15.0	15.2	16.1	8.1	9.9	15.5
July-September	14.2	91.9	99.6	18.1	12.9	15.9	15.2	17.3	10.1	9.7	15.6
October-December	13.3	94.8	99.6	17.1	11.7	13.7	14.0	16.1	9.0	10.7	14.5
1985											
January-March	15.6	93.5	99.5	20.3	13.8	16.0	15.8	17.8	8.6	9.6	16.3

1/ From date received to date adjudicated.

TABLE C: NUMBER AND PERCENT DISTRIBUTION OF REPORTING STATES BY PERCENT OF TOTAL CLAIMS PROCESSED IN 90 DAYS OR LESS FROM DATE OF RECEIPT TO DATE OF ADJUDICATION FOR JANUARY-MARCH QUARTERS 1984 VS 1985

Percent of Claims Adjudicated	January-March 1984		January-March 1985	
	Number of States	Percent Distribution	Number of States	Percent Distribution
Less than 97.0	3	5.9	2	6.3
97.1 - 98.0	0	0	1	3.1
98.1 - 99.0	3	5.9	2	6.3
99.1 - 100.0	45	88.2	27	84.3
TOTAL	51 1/	100.0	32 1/	100.0

1/ Two State agencies reporting workload data failed to report average days from receipt to adjudication.

TECHNICAL NOTES

In analyzing the national data as shown on table 1, it should be noted that a few States did not submit all of the monthly reports (Part IV of HCFA-120) for the subject period covered in this report. This fact is indicated by the footnote "1" next to the State name. In order to ascertain whether a State processed a particular claim type or did not submit any reports, it is necessary to refer to the part of the table showing "Total Claims." Where zeroes appear under the column heading "Number of Claims" on this table, those States did not submit any reports for the subject report period. A footnote "1" with corresponding data, however, indicates that one or more (but not all) reports were submitted for that report period. A footnote "2" indicates that although all reports were submitted for the subject period, not all data were used in the calculations due to some reporting error on the part of that State. On the other hand, if a State provides counts of claims workload but did not submit processing time data (i.e. completes only column 1 on workload data on Part IV of the HCFA-120) asterisks (***) will appear under the appropriate column headings indicating it was impossible to perform the calculations on these data.

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TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	PHYSICIAN CLAIMS					PRESCRIBED DRUGS				
			DATE OF RECEIPT TO DATE OF ADJUDICATION					DATE OF RECEIPT TO DATE OF ADJUDICATION		
	NUMBER OF CLAIMS	PERCENT OF TOTAL	AVERAGE DAYS	PERCENT REQUIRING 30 DAYS OR LESS	PERCENT REQUIRING 90 DAYS OR LESS	NUMBER OF CLAIMS	PERCENT OF TOTAL	AVERAGE DAYS	PERCENT REQUIRING 30 DAYS OR LESS	PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	14,897,440	16.8	20.3	86.8	98.7	29,132,677	32.9	13.8	95.7	99.9
BOSTON 1/	662,542	13.0	16.6	90.2	99.1	1,842,875	36.1	8.5	98.5	100.0
CONNECTICUT	182,136	10.6	21.2	84.7	99.0	640,530	37.3	8.4	99.1	100.0
MAINE	182,190	21.4	11.2	95.5	99.6	313,945	36.9	8.4	99.6	99.9
MASSACHUSETTS 1/	228,686	10.6	18.7	88.4	98.6	761,474	35.2	8.9	97.3	99.9
NEW HAMPSHIRE 1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND 1/	0	.0	---	---	---	0	.0	---	---	---
VERMONT	69,530	18.5	11.6	96.8	99.4	126,926	33.7	6.5	99.7	99.9
NEW YORK 1/	3,406,351	12.5	17.3	96.8	99.9	7,420,881	27.3	14.6	97.8	99.9
NEW JERSEY 1/	302,777	27.2	11.7	96.2	99.8	473,813	42.6	12.0	96.7	99.8
NEW YORK	3,103,563	12.4	17.8	96.8	99.9	6,942,106	27.7	14.8	97.9	100.0
PUERTO RICO	0	.0	---	---	---	0	.0	---	---	---
VIRGIN ISLANDS	11	.1	37.0	27.3	100.0	4,962	32.9	59.9	36.1	43.3
PHILADELPHIA 1/	242,144	24.6	20.8	78.4	99.4	265,117	27.0	14.8	91.6	99.7
DELAWARE 1/	30,360	27.4	11.4	94.1	99.3	51,666	46.6	8.8	99.9	100.0
WASHINGTON D.C.	211,784	24.3	22.2	76.2	99.4	213,451	24.5	16.2	89.6	99.6
MARYLAND 1/	0	.0	---	---	---	0	.0	---	---	---
PENNSYLVANIA 1/	0	.0	---	---	---	0	.0	---	---	---
VIRGINIA 1/	0	.0	---	---	---	0	.0	---	---	---
WEST VIRGINIA 1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	1,410,676	19.7	12.0	93.4	99.9	3,400,670	47.4	12.3	98.3	100.0
ALABAMA 1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA 1/	220,737	20.9	6.9	99.7	100.0	500,413	47.5	11.8	100.0	100.0
GEORGIA 1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY 1/	0	.0	---	---	---	0	.0	---	---	---
MISSISSIPPI 1/	278,346	25.6	9.0	89.7	100.0	507,721	46.7	13.3	95.8	100.0
NORTH CAROLINA	304,495	17.9	11.3	99.3	99.8	771,689	45.4	7.1	100.0	100.0
SOUTH CAROLINA	322,905	28.5	***	***	***	479,038	42.3	***	***	***
TENNESSEE	284,193	12.9	19.7	86.0	100.0	1,141,809	52.0	15.6	97.5	100.0
CHICAGO 1/	2,468,559	20.2	17.7	88.8	99.6	4,582,567	37.4	12.0	98.9	99.9
ILLINOIS 1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA	376,885	16.2	20.6	89.4	99.8	1,130,806	48.6	9.8	99.9	100.0
MICHIGAN	1,800,165	27.4	17.9	87.1	99.6	2,281,773	34.7	14.1	98.1	99.8
MINNESOTA 1/	0	.0	---	---	---	0	.0	---	---	---
OHIO 1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN	291,509	8.7	13.0	98.5	99.9	1,169,988	35.0	9.8	99.5	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	PHYSICIAN CLAIMS: NUMBER OF CLAIMS	PHYSICIAN CLAIMS: PERCENT OF TOTAL	PHYSICIAN CLAIMS: AVERAGE DAYS	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION, PERCENT REQUIRING 30 DAYS OR LESS	PHYSICIAN CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION, PERCENT REQUIRING 90 DAYS OR LESS	PRESCRIBED DRUGS: NUMBER OF CLAIMS	PRESCRIBED DRUGS: PERCENT OF TOTAL	PRESCRIBED DRUGS: AVERAGE DAYS	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION, PERCENT REQUIRING 30 DAYS OR LESS	PRESCRIBED DRUGS: DATE OF RECEIPT TO DATE OF ADJUDICATION, PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	1,928,249	20.0	17.8	90.5	99.1	4,083,696	42.3	12.7	96.3	100.0
ARKANSAS	239,089	16.6	16.8	96.1	100.0	649,645	45.0	8.9	99.9	100.0
LOUISIANA	547,360	20.7	23.0	91.8	99.5	1,413,840	53.5	14.8	98.3	100.0
NEW MEXICO 1/	0	.0	---	---	---	0	.0	---	---	---
OKLAHOMA	131,657	14.5	53.8	30.9	90.3	355,150	39.2	26.6	68.7	99.8
TEXAS	1,010,143	21.7	10.6	96.2	99.8	1,665,061	35.7	9.5	99.1	100.0
KANSAS CITY 1/	653,425	21.5	6.8	95.8	99.5	1,202,691	39.6	2.9	99.4	99.9
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	201,959	22.9	4.6	99.7	100.0	374,290	42.5	2.0	100.0	100.0
MISSOURI	451,466	21.0	7.8	94.0	99.2	828,401	38.5	3.2	99.1	99.9
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	196,771	15.1	19.9	85.0	99.2	608,344	46.8	8.7	99.0	99.9
COLORADO	54,117	9.6	21.5	87.1	99.5	289,120	51.4	7.5	99.9	100.0
MONTANA	49,159	20.1	16.2	92.5	98.7	131,614	53.7	11.3	96.8	99.5
NORTH DAKOTA	49,543	18.8	16.6	90.1	99.7	109,282	41.5	7.9	98.7	100.0
SOUTH DAKOTA	24,783	12.9	14.2	98.8	99.9	78,328	40.9	10.3	99.9	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	19,169	49.9	40.5	29.7	97.6	0	.0	---	---	---
SAN FRANCISCO 1/	3,540,712	17.8	32.9	69.1	96.0	4,984,954	25.1	22.3	84.8	100.0
CALIFORNIA	3,502,356	17.8	33.0	68.9	95.9	4,923,698	25.0	22.5	84.6	100.0
GUAM 1/	4,146	31.4	31.6	60.6	95.9	4,890	37.0	15.8	99.4	100.0
HAWAII 1/	0	.0	---	---	---	0	.0	---	---	---
NEVADA	34,210	20.7	23.5	89.5	99.3	56,366	34.1	2.9	99.3	99.9
SEATTLE 1/	388,011	18.5	13.6	95.9	99.9	740,882	35.3	5.6	99.2	100.0
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	34,915	15.8	13.1	90.7	99.9	66,266	30.1	9.6	97.1	99.7
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	353,096	18.8	13.6	96.4	99.9	674,616	35.9	5.3	99.4	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	OUTPATIENT CLAIMS: NUMBER OF CLAIMS	OUTPATIENT CLAIMS: PERCENT OF TOTAL	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION AVERAGE DAYS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION PERCENT REQUIRING 30 DAYS OR LESS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION PERCENT REQUIRING 90 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: NUMBER OF CLAIMS	DENTAL AND OTHER PRACTITIONER SERVICES: PERCENT OF TOTAL	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION AVERAGE DAYS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION PERCENT REQUIRING 30 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	9,218,324	10.4	16.0	93.7	99.8	7,095,907	8.0	15.8	94.8	99.7
BOSTON 1/	448,630	8.8	11.3	95.1	99.5	408,317	8.0	15.2	94.5	99.8
CONNECTICUT.....	106,423	6.2	14.6	91.3	99.8	123,152	7.2	17.6	94.3	99.8
MAINE.....	48,840	5.7	6.1	98.1	99.3	80,723	9.5	10.0	97.8	99.9
MASSACHUSETTS...1/	261,759	12.1	10.0	95.6	99.4	179,747	8.3	16.3	92.8	99.8
NEW HAMPSHIRE...1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND....1/	0	.0	---	---	---	0	.0	---	---	---
VERMONT.....	31,608	8.4	18.5	99.2	100.0	24,695	6.6	12.2	97.6	99.9
NEW YORK 1/	4,478,652	16.5	12.7	99.0	99.9	2,192,609	8.1	16.1	97.1	99.9
NEW JERSEY.....1/	44,899	4.0	6.3	99.5	100.0	105,847	9.5	15.4	97.9	99.9
NEW YORK.....	3,476,259	13.9	12.7	99.1	100.0	2,086,140	8.3	16.1	97.1	99.9
PUERTO RICO.....	948,977	98.6	***	***	***	0	.0	---	---	---
VIRGIN ISLANDS..	8,517	56.4	50.6	47.8	55.2	622	4.1	57.3	29.6	53.1
PHILADELPHIA 1/	206,955	21.1	8.3	96.2	100.0	20,875	2.1	25.8	72.4	98.7
DELAWARE.....1/	8,697	7.8	10.2	97.2	99.8	1,793	1.6	13.6	92.7	99.7
WASHINGTON D.C..	198,258	22.7	8.2	96.1	100.0	19,082	2.2	26.9	70.5	98.6
MARYLAND.....1/	0	.0	---	---	---	0	.0	---	---	---
PENNSYLVANIA....1/	0	.0	---	---	---	0	.0	---	---	---
VIRGINIA.....1/	0	.0	---	---	---	0	.0	---	---	---
WEST VIRGINIA...1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	361,431	5.0	12.2	98.1	99.9	390,388	5.4	11.2	96.1	100.0
ALABAMA.....1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA.....1/	51,823	4.9	10.1	99.3	100.0	51,518	4.9	6.1	99.8	100.0
GEORGIA.....1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY.....1/	0	.0	---	---	---	0	.0	---	---	---
MISSISSIPPI.....1/	35,299	3.2	12.8	93.3	100.0	59,754	5.5	4.1	92.9	100.0
NORTH CAROLINA..	148,730	8.8	10.8	99.7	99.8	115,294	6.8	12.7	99.1	100.0
SOUTH CAROLINA..	64,395	5.7	***	***	***	73,823	6.5	***	***	***
TENNESSEE.....	61,184	2.8	17.1	95.7	100.0	89,999	4.1	16.8	92.2	100.0
CHICAGO 1/	952,523	7.8	18.0	84.9	99.6	932,493	7.6	17.0	88.6	99.8
ILLINOIS.....1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA.....	154,750	6.7	13.9	99.3	100.0	213,895	9.2	19.7	93.0	99.9
MICHIGAN.....	597,009	9.1	20.5	77.0	99.4	469,326	7.1	18.9	81.3	99.8
MINNESOTA.....1/	0	.0	---	---	---	0	.0	---	---	---
OHIO.....1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN.....	200,764	6.0	13.5	97.3	100.0	249,272	7.5	11.3	98.4	99.9

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HHS REGION AND STATE	OUTPATIENT CLAIMS: NUMBER OF CLAIMS	OUTPATIENT CLAIMS: PERCENT OF TOTAL	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	OUTPATIENT CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: NUMBER OF CLAIMS	DENTAL AND OTHER PRACTITIONER SERVICES: PERCENT OF TOTAL	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	DENTAL AND OTHER PRACTITIONER SERVICES: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	543,835	5.6	14.6	93.3	99.7	341,427	3.5	19.3	84.8	98.9
ARKANSAS	52,686	3.7	16.1	95.0	100.0	61,715	4.3	15.5	95.7	100.0
LOUISIANA	155,963	5.9	15.3	94.9	99.7	63,315	2.4	23.5	88.0	100.0
NEW MEXICO 1/	0	.0	---	---	---	0	.0	---	---	---
OKLAHOMA	23,027	2.5	44.0	26.2	96.3	44,244	4.9	55.7	18.1	92.1
TEXAS	312,159	6.7	11.8	97.2	100.0	172,153	3.7	9.7	96.8	99.8
KANSAS CITY 1/	268,194	8.8	7.8	94.2	99.5	240,924	7.9	7.0	96.1	99.7
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	53,134	6.0	5.2	99.8	100.0	77,074	8.8	5.7	99.5	100.0
MISSOURI	215,060	10.0	8.4	92.9	99.4	163,850	7.6	7.7	94.5	99.6
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	53,402	4.1	17.1	90.8	99.6	78,656	6.0	17.9	86.7	99.8
COLORADO	25,725	4.6	16.3	93.6	99.9	16,479	2.9	26.4	72.7	99.8
MONTANA	11,153	4.6	18.0	91.5	99.0	14,993	6.1	16.3	94.8	99.4
NORTH DAKOTA	5,566	2.1	14.8	96.1	100.0	32,513	12.3	16.8	86.4	100.0
SOUTH DAKOTA	7,354	3.8	11.1	99.6	100.0	11,825	6.2	9.3	99.9	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	3,604	9.4	35.5	42.0	98.4	2,846	7.4	25.5	73.8	99.1
SAN FRANCISCO 1/	1,820,493	9.2	26.0	87.0	99.8	2,277,842	11.5	16.3	96.5	99.4
CALIFORNIA	1,803,762	9.2	26.0	87.1	99.8	2,267,818	11.5	16.3	96.6	99.4
GUAM 1/	2,099	15.9	28.7	44.8	100.0	203	1.5	32.9	45.8	100.0
HAWAII 1/	0	.0	---	---	---	0	.0	---	---	---
NEVADA	14,632	8.8	26.4	82.0	99.7	9,821	5.9	19.7	95.4	99.7
SEATTLE 1/	84,209	4.0	7.8	94.9	99.7	212,376	10.1	11.6	98.7	100.0
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	20,106	9.1	16.9	81.5	100.0	11,150	5.1	11.9	96.4	100.0
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	64,103	3.4	5.0	99.1	99.6	201,226	10.7	11.5	98.9	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	INPATIENT HOSPITAL CLAIMS: NUMBER OF CLAIMS	PERCENT OF TOTAL	DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	PERCENT REQUIRING: 30 DAYS OR LESS	90 DAYS OR LESS	LONG TERM CARE CLAIMS: NUMBER OF CLAIMS	PERCENT OF TOTAL	DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	PERCENT REQUIRING: 30 DAYS OR LESS	90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	694,005	.8	17.8	88.0	99.5	2,530,616	2.9	8.6	98.3	99.7
BOSTON 1/	49,895	1.0	15.7	90.0	99.0	343,797	6.7	4.9	98.3	99.7
CONNECTICUT.....	15,036	.9	15.0	86.8	99.4	229,898	13.4	4.8	98.1	99.7
MAINE.....	4,725	.6	12.0	92.4	98.1	36,528	4.3	3.7	98.5	99.7
MASSACHUSETTS...1/	27,689	1.3	16.3	90.6	98.8	69,156	3.2	6.3	98.9	100.0
NEW HAMPSHIRE...1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND....1/	0	.0	---	---	---	0	.0	---	---	---
VERMONT.....	2,445	.6	19.3	99.0	99.8	8,215	2.2	4.3	97.6	98.2
NEW YORK 1/	192,583	.7	12.9	96.9	99.8	624,563	2.3	11.3	98.7	99.8
NEW JERSEY.....1/	6,005	.5	9.6	96.8	99.5	24,299	2.2	5.0	100.0	100.0
NEW YORK.....	172,454	.7	12.9	97.0	99.9	600,264	2.4	11.6	98.6	99.8
PUERTO RICO.....	13,671	1.4	***	***	***	0	.0	---	---	---
VIRGIN ISLANDS..	453	3.0	56.0	45.5	45.5	0	.0	---	---	---
PHILADELPHIA 1/	11,196	1.1	21.8	73.3	99.1	15,770	1.6	5.8	99.5	99.9
DELAWARE.....1/	1,304	1.2	14.6	91.2	98.9	4,024	3.6	6.1	99.6	99.8
WASHINGTON D.C..	9,892	1.1	22.7	70.9	99.1	11,746	1.3	5.7	99.4	100.0
MARYLAND.....1/	0	.0	---	---	---	0	.0	---	---	---
PENNSYLVANIA....1/	0	.0	---	---	---	0	.0	---	---	---
VIRGINIA.....1/	0	.0	---	---	---	0	.0	---	---	---
WEST VIRGINIA...1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	102,333	1.4	13.9	94.5	99.7	218,834	3.1	8.9	99.0	100.0
ALABAMA.....1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA.....1/	6,052	.6	10.9	99.3	100.0	28,294	2.7	4.4	99.9	100.0
GEORGIA.....1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY.....1/	0	.0	---	---	---	0	.0	---	---	---
MISSISSIPPI.....1/	15,898	1.5	17.2	89.4	99.3	27,459	2.5	6.5	99.7	100.0
NORTH CAROLINA..	18,127	1.1	10.8	99.5	99.9	58,848	3.5	2.7	99.8	100.0
SOUTH CAROLINA..	50,475	4.5	***	***	***	37,528	3.3	***	***	***
TENNESSEE.....	11,781	.5	15.6	91.1	100.0	66,705	3.0	17.3	97.5	100.0
CHICAGO 1/	64,447	.5	21.1	80.2	99.1	388,703	3.2	11.6	96.5	99.7
ILLINOIS.....1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA.....	17,315	.7	17.0	95.5	99.8	128,044	5.5	9.4	99.4	100.0
MICHIGAN.....	31,942	.5	27.5	64.3	98.3	129,011	2.0	18.1	90.5	99.1
MINNESOTA.....1/	0	.0	---	---	---	0	.0	---	---	---
OHIO.....1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN.....	15,190	.5	12.3	96.2	99.9	131,648	3.9	7.4	99.6	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	INPATIENT HOSPITAL CLAIMS: NUMBER OF CLAIMS	INPATIENT HOSPITAL CLAIMS: PERCENT OF TOTAL	INPATIENT HOSPITAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	INPATIENT HOSPITAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	INPATIENT HOSPITAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	LONG TERM CARE CLAIMS: NUMBER OF CLAIMS	LONG TERM CARE CLAIMS: PERCENT OF TOTAL	LONG TERM CARE CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	LONG TERM CARE CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	LONG TERM CARE CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	85,224	.9	20.1	80.3	99.5	431,436	4.5	4.7	99.9	100.0
ARKANSAS	10,844	.8	16.5	93.6	100.0	47,091	3.3	.0	100.0	100.0
LOUISIANA	19,676	.7	9.6	99.0	99.8	85,554	3.2	6.0	99.6	99.9
NEW MEXICO 1/	0	.0	---	---	---	0	.0	---	---	---
OKLAHOMA	18,614	2.1	32.2	54.2	99.1	59,599	6.6	6.6	99.7	100.0
TEXAS	36,090	.8	20.6	79.5	99.3	239,192	5.1	4.7	100.0	100.0
KANSAS CITY 1/	23,671	.8	8.5	95.2	99.0	123,069	4.1	5.7	96.8	97.7
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	6,238	.7	5.4	99.7	100.0	45,391	5.2	.3	100.0	100.0
MISSOURI	17,433	.8	9.6	93.6	98.6	77,678	3.6	8.9	94.9	96.3
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	14,955	1.1	19.4	87.4	98.8	75,543	5.8	8.0	97.2	98.4
COLORADO	4,144	.7	23.1	84.5	99.4	28,319	5.0	15.1	94.5	96.0
MONTANA	3,601	1.5	19.9	90.9	97.4	11,518	4.7	6.0	97.8	99.5
NORTH DAKOTA	3,846	1.5	15.5	93.4	100.0	15,458	5.9	1.6	99.7	100.0
SOUTH DAKOTA	2,267	1.2	8.4	99.3	100.0	16,464	8.6	3.0	99.3	100.0
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	1,097	2.9	40.3	41.2	95.1	3,784	9.9	8.6	96.7	99.4
SAN FRANCISCO 1/	133,562	.7	25.9	80.5	99.5	248,255	1.2	10.1	97.1	100.0
CALIFORNIA	132,106	.7	25.9	80.4	99.5	242,088	1.2	10.2	97.0	100.0
GUAM 1/	212	1.6	28.0	66.5	100.0	1	.0	35.0	.0	100.0
HAWAII 1/	0	.0	---	---	---	0	.0	---	---	---
NEVADA	1,244	.8	21.6	94.8	98.6	6,166	3.7	5.7	99.8	100.0
SEATTLE 1/	16,139	.8	10.0	96.9	99.5	60,646	2.9	10.0	100.0	100.0
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	1,651	.7	12.6	95.6	99.9	9,209	4.2	5.3	99.9	100.0
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	14,488	.8	9.7	97.1	99.4	51,437	2.7	10.8	100.0	100.0

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	CROSSOVER CLAIMS: NUMBER OF CLAIMS	CROSSOVER CLAIMS: PERCENT OF TOTAL	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	ALL OTHER CLAIMS: NUMBER OF CLAIMS	ALL OTHER CLAIMS: PERCENT OF TOTAL	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES 1/	11,382,511	12.8	9.6	97.3	100.1	13,585,704	15.3	16.3	92.4	99.5
BOSTON 1/	444,819	8.7	13.8	93.2	99.7	910,454	17.8	15.7	93.3	99.3
CONNECTICUT	122,405	7.1	5.4	99.8	100.0	298,621	17.4	16.3	93.1	99.7
MAINE	90,373	10.6	10.3	97.4	99.8	93,942	11.0	15.1	93.2	99.6
MASSACHUSETTS 1/	189,263	8.7	23.2	85.6	99.5	447,259	20.7	16.1	93.3	99.1
NEW HAMPSHIRE 1/	0	.0	---	---	---	0	.0	---	---	---
RHODE ISLAND 1/	0	.0	---	---	---	0	.0	---	---	---
VERMONT	42,778	11.4	3.2	99.4	99.8	70,632	18.7	11.0	94.3	99.4
NEW YORK 1/	2,718,626	10.0	16.3	95.4	99.7	6,136,614	22.6	13.2	98.1	99.9
NEW JERSEY 1/	14,558	1.3	12.1	93.5	99.6	141,330	12.7	13.8	95.0	99.9
NEW YORK	2,704,022	10.8	16.3	95.4	99.7	5,994,800	23.9	13.2	98.2	100.0
PUERTO RICO	0	.0	---	---	---	0	.0	---	---	---
VIRGIN ISLANDS	46	.3	77.7	13.0	28.3	484	3.2	44.1	44.4	77.3
PHILADELPHIA 1/	25,297	2.6	15.5	87.2	99.4	195,166	19.9	16.9	82.3	99.5
DELAWARE 1/	5,347	4.8	12.6	92.9	99.4	7,789	7.0	13.2	89.8	99.4
WASHINGTON D.C.	19,950	2.3	16.2	85.7	99.4	187,377	21.5	17.1	82.0	99.5
MARYLAND 1/	0	.0	---	---	---	0	.0	---	---	---
PENNSYLVANIA 1/	0	.0	---	---	---	0	.0	---	---	---
VIRGINIA 1/	0	.0	---	---	---	0	.0	---	---	---
WEST VIRGINIA 1/	0	.0	---	---	---	0	.0	---	---	---
ATLANTA 1/	576,225	8.0	7.2	98.7	100.0	698,657	9.7	13.9	92.0	99.9
ALABAMA 1/	0	.0	---	---	---	0	.0	---	---	---
FLORIDA 1/	106,314	10.1	14.3	99.9	99.9	89,246	8.5	5.4	99.8	100.0
GEORGIA 1/	0	.0	---	---	---	0	.0	---	---	---
KENTUCKY 1/	0	.0	---	---	---	0	.0	---	---	---
MISSISSIPPI 1/	112,001	10.3	7.6	96.4	100.0	51,738	4.8	8.0	96.7	100.0
NORTH CAROLINA	124,029	7.3	1.6	100.0	100.0	156,932	9.2	11.5	99.0	99.9
SOUTH CAROLINA	0	.0	---	---	---	92,413	8.2	***	***	***
TENNESSEE	233,881	10.6	6.8	98.5	100.0	308,328	14.0	18.6	85.3	99.9
CHICAGO 1/	829,072	6.8	12.0	96.1	99.7	2,019,598	16.5	14.2	93.8	99.8
ILLINOIS 1/	0	.0	---	---	---	0	.0	---	---	---
INDIANA	201,176	8.6	10.9	98.2	99.9	104,158	4.5	17.8	94.0	99.9
MICHIGAN	328,840	5.0	17.0	91.6	99.2	929,179	14.1	14.8 2/	91.9 2/	99.8 2/
MINNESOTA 1/	0	.0	---	---	---	0	.0	---	---	---
OHIO 1/	0	.0	---	---	---	0	.0	---	---	---
WISCONSIN	299,056	8.9	7.2	99.7	100.0	986,261	29.5	13.2	95.5	99.9

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	CROSSOVER CLAIMS: NUMBER OF CLAIMS	CROSSOVER CLAIMS: PERCENT OF TOTAL	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	CROSSOVER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS	ALL OTHER CLAIMS: NUMBER OF CLAIMS	ALL OTHER CLAIMS: PERCENT OF TOTAL	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	ALL OTHER CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	1,588,249	16.5	5.8	97.5	99.6	647,917	6.7	20.5	88.9	98.7
ARKANSAS	217,751	15.1	2.4	98.9	100.0	164,461	11.4	15.4	98.0	100.0
LOUISIANA	80,398	3.0	9.3	98.9	99.7	275,968	10.4	20.0	94.2	99.6
NEW MEXICO 1/	0	.0	---	---	---	0	.0	---	---	---
OKLAHOMA	188,420	20.8	19.5	81.3	96.4	85,440	9.4	42.8	45.0	91.7
TEXAS	1,101,680	23.6	3.8	99.9	100.0	122,048	2.6	12.8	95.3	99.9
KANSAS CITY 1/	211,130	7.0	1.5	99.6	99.7	311,176	10.3	7.5	94.8	99.4
IOWA 1/	0	.0	---	---	---	0	.0	---	---	---
KANSAS	45,309	5.1	1.4	100.0	100.0	77,112	8.8	4.6	99.6	100.0
MISSOURI	165,821	7.7	1.5	99.4	99.7	234,064	10.9	8.4	93.2	99.3
NEBRASKA 1/	0	.0	---	---	---	0	.0	---	---	---
DENVER 1/	104,231	8.0	8.6	94.6	99.7	169,216	13.0	18.6	88.8	99.1
COLORADO	61,748	11.0	4.1	98.8	100.0	83,215	14.8	23.7	83.3	98.8
MONTANA	1,812	.7	29.7	86.3	94.9	21,205	8.7	16.5	91.9	98.4
NORTH DAKOTA	18,687	7.1	12.3	97.9	100.0	28,412	10.8	13.8	95.6	99.9
SOUTH DAKOTA	16,341	8.5	7.6	99.4	99.9	34,130	17.8	9.8	98.6	99.9
UTAH 1/	0	.0	---	---	---	0	.0	---	---	---
WYOMING	5,643	14.7	41.7	26.3	96.4	2,254	5.9	41.4	30.3	96.9
SAN FRANCISCO 1/	4,800,990	24.2	6.9	98.0	99.9	2,057,116	10.4	29.5	73.2	96.5
CALIFORNIA	4,775,930	24.3	6.8	98.1	99.9	2,037,484	10.4	29.6	73.0	96.5
GUAM 1/	575	4.3	27.5	66.6	99.8	1,096	8.3	25.7	77.0	100.0
HAWAII 1/	0	.0	---	---	---	0	.0	---	---	---
NEVADA	24,485	14.8	24.2	89.6	99.6	18,536	11.2	12.7	97.5	99.8
SEATTLE 1/	83,872	4.0	5.1	139.8	142.3	439,790	21.0	12.4	105.3	108.1
ALASKA 1/	0	.0	---	---	---	0	.0	---	---	---
IDAHO	13,113	6.0	13.8	85.8	100.0	63,971	29.0	11.5	93.5	100.0
OREGON 1/	0	.0	---	---	---	0	.0	---	---	---
WASHINGTON	70,759	3.8	3.5	149.9	150.2	375,819	20.0	12.6	107.3	109.5

1/ DID NOT SUBMIT ALL REPORTS IN PERIOD 2/ DATA FOR LESS THAN 3 MONTHS DUE TO REPORTING ERRORS *** UNABLE TO CALCULATE

TABLE 1: MEDICAID PAID CLAIMS -- WORKLOAD AND PROCESSING TIME DATA FOR SELECTED CLAIM CATEGORIES BY HHS REGION AND STATE, JANUARY-MARCH 1985

HHS REGION AND STATE	TOTAL CLAIMS: NUMBER OF CLAIMS	TOTAL CLAIMS: PERCENT OF TOTAL	TOTAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	TOTAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	TOTAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
TOTALS FOR REPORTING STATES1/	88,620,943	100.0	15.6	93.5	99.5
BOSTON 1/	5,111,329	100.0	11.8	95.3	99.6
CONNECTICUT.....	1,718,201	100.0	11.4	95.5	99.8
MAINE.....	851,266	100.0	9.7	97.4	99.8
MASSACHUSETTS...1/	2,165,033	100.0	13.4	93.9	99.5
NEW HAMPSHIRE...1/	0	.0	---	---	---
RHODE ISLAND....1/	0	.0	---	---	---
VERMONT.....	376,829	100.0	8.6	97.9	99.7
NEW YORK 1/	27,170,879	100.0	14.6	97.6	99.9
NEW JERSEY.....1/	1,113,528	100.0	12.1	96.6	99.8
NEW YORK.....	25,079,608	100.0	14.7	97.7	99.9
PUERTO RICO.....	962,648	100.0	***	***	***
VIRGIN ISLANDS..	15,095	100.0	53.7	42.9	51.6
PHILADELPHIA 1/	982,520	100.0	15.5	86.9	99.6
DELAWARE.....1/	110,980	100.0	10.4	96.8	99.7
WASHINGTON D.C..	871,540	100.0	16.2	85.6	99.6
MARYLAND.....1/	0	.0	---	---	---
PENNSYLVANIA....1/	0	.0	---	---	---
VIRGINIA.....1/	0	.0	---	---	---
WEST VIRGINIA...1/	0	.0	---	---	---
ATLANTA 1/	7,171,630	100.0	11.8	96.7	100.0
ALABAMA.....1/	0	.0	---	---	---
FLORIDA.....1/	1,054,397	100.0	9.9	99.8	100.0
GEORGIA.....1/	0	.0	---	---	---
KENTUCKY.....1/	0	.0	---	---	---
MISSISSIPPI.....1/	1,088,216	100.0	10.7	94.1	100.0
NORTH CAROLINA..	1,698,144	100.0	8.4	99.7	99.9
SOUTH CAROLINA..	1,132,993	100.0	***	***	***
TENNESSEE.....	2,197,880	100.0	15.7	94.1	100.0
CHICAGO 1/	12,237,962	100.0	14.4	93.5	99.6
ILLINOIS.....1/	0	.0	---	---	---
INDIANA.....	2,327,029	100.0	13.2	97.0	99.9
MICHIGAN.....	6,567,245	100.0	16.5	90.0	99.2
MINNESOTA.....1/	0	.0	---	---	---
OHIO.....1/	0	.0	---	---	---
WISCONSIN.....	3,343,688	100.0	11.1	98.0	99.9

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HHS REGION AND STATE	TOTAL CLAIMS: NUMBER OF CLAIMS	TOTAL CLAIMS: PERCENT OF TOTAL	TOTAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: AVERAGE DAYS	TOTAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 30 DAYS OR LESS	TOTAL CLAIMS: DATE OF RECEIPT TO DATE OF ADJUDICATION: PERCENT REQUIRING 90 DAYS OR LESS
DALLAS 1/	9,650,033	100.0	13.2	94.3	99.6
ARKANSAS	1,443,282	100.0	10.3	98.5	100.0
LOUISIANA	2,642,074	100.0	16.7	96.1	99.8
NEW MEXICO 1/	0	.0	---	---	---
OKLAHOMA	906,151	100.0	31.3	61.8	96.5
TEXAS	4,658,526	100.0	8.5	98.3	99.9
KANSAS CITY 1/	3,034,280	100.0	5.0	97.3	99.6
IOWA 1/	0	.0	---	---	---
KANSAS	880,507	100.0	3.3	99.8	100.0
MISSOURI	2,153,773	100.0	5.7	96.2	99.4
NEBRASKA 1/	0	.0	---	---	---
DENVER 1/	1,301,118	100.0	12.6	93.9	99.5
COLORADO	562,867	100.0	12.3	94.6	99.6
MONTANA	245,055	100.0	13.5	95.0	99.1
NORTH DAKOTA	263,307	100.0	11.4	95.1	99.9
SOUTH DAKOTA	191,492	100.0	9.8	99.4	99.9
UTAH 1/	0	.0	---	---	---
WYOMING	38,397	100.0	33.2	40.6	97.7
SAN FRANCISCO 1/	19,863,924	100.0	20.8	85.7	98.8
CALIFORNIA	19,685,242	100.0	20.8	85.6	98.8
GUAM 1/	13,222	100.0	24.6	73.9	98.7
HAWAII 1/	0	.0	---	---	---
NEVADA	165,460	100.0	14.7	93.9	99.7
SEATTLE 1/	2,097,268	100.0	33.7	97.9	99.9
ALASKA 1/	0	.0	---	---	---
IDAHO	220,381	100.0	11.6	93.0	99.9
OREGON 1/	0	.0	---	---	---
WASHINGTON	1,876,887	100.0	36.3	98.5	99.9

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APPENDIX

CLAIM DEFINITIONS

A claim is defined as a line item with an associated charge to be adjudicated, except for inpatient hospital services for which a claim is defined as a single hospital billing issued for a portion of, or all of, the inpatient hospital stay. Where a single hospital billing is comprised of more than one document, the billing is counted as a single claim.

Adjudicated for payment claims are claims which have had all claims processing steps completed and the claims are ready for check or warrant writing. Finally, those claims have been neither denied or rejected, and if any of the claims have ever been placed in a pending status these claims have had their pending status resolved and are no longer pending. The following are examples illustrating how this definition applies to different types of claims.

Hospital Outpatient Claims - Some States pay outpatient bills on the basis of total presented charges with a year-end cost report and settlement process used to reconcile charges to costs. In such cases, each individual billing, which may consist of more than one document, should be counted as a single claim. Other States pay outpatient bills on a fee-for-service basis with each line item having an associated charge to be adjudicated. In these cases, each line item should be counted as a single claim.

SNF/ICF Claim - Some States use ledger-type billing forms for SNF/ICF services with several patient names appearing on a single billing instrument. In such cases each patient entry is to be counted as a single claim.

Hospital Inpatient Claim - A claim should be counted for each separate hospital billing issued for a portion of, or all of, the inpatient hospital stay. When a single hospital billing is comprised of more than one document, the billing is counted as a single claim.

Physicians' Claims - Each line item with a separate charge to be adjudicated is counted as a single claim.

CLAIM CATEGORY DEFINITIONS—The definitions below indicate which services (and lines) from the Part IV HCFA-120 are included under each heading:

INPATIENT HOSPITAL

Inpatient Hospital Services (Line 2) - Items and services for the care of inpatients furnished and billed for by a licensed or formally approved hospital (excluding mental hospital under the direction of a physician or dentist).

Mental Hospital Services for the Aged (line 3) - Inpatient hospital services provided to persons age 65 and over in a hospital that is primarily engaged in providing diagnosis, treatment, or other care for individuals with mental diseases. Include services provided in the psychiatric wing of a general hospital.

LONG TERM CARE

SNF/ICF Services for the Aged (Line 4) - Skilled nursing and intermediate care services provided to individuals age 65 and over in a designated institution for the treatment of mental disease.

Inpatient Psychiatric Facility Services for Individuals Age 21 and Under (Line 5) - Items and services provided under the direction of a physician to persons under age 21 in an institution accredited as a psychiatric facility by the Joint Commission on Accreditation of Hospitals. If the recipient is receiving such services immediately before reaching age 21, coverage continues until age 22 is attained (if medically required).

ICF Services for Mentally Retarded (Line 6) - ICF services for mentally retarded persons receiving active treatment in certified institutions for the mentally retarded or for persons with related conditions.

ICF Services—All Other (Line 7) - Services provided to individuals in an intermediate care facility other than those certified for the mentally retarded or an institution for mental disease.

Skilled Nursing Facility (SNF) Services (Line 8) - Skilled nursing or rehabilitative services provided under physician's orders on an inpatient basis and billed for by a certified facility that meets standards for skilled care established under the Title XIX program.

PHYSICIAN

Physicians' Services (Line 9) - Services provided and billed for by an individual licensed under State law to practice medicine or osteopathy. Exclude all such services that are provided as a part of inpatient or outpatient hospital services or of clinic or laboratory services and billed for by the hospital, clinic or laboratory.

PRESCRIBED DRUG

Prescribed Drugs (Line 17) - Simple or compound substances or mixtures of substances prescribed by a physician, dentist, or other licensed practitioner for the cure, mitigation, or prevention of disease, or for health maintenance. For reporting purposes, prescribed drugs will be those dispensed by licensed pharmacists. Includes durable medical goods billed by a pharmacy.

OUTPATIENT

Outpatient Hospital Services (Line 12) - Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to outpatients by a hospital and by, or under the direction of, physicians or dentists in a licensed or formally approved hospital.

DENTAL AND OTHER PRACTITIONER

Dental Services (Line 10) - Diagnostic, preventive or corrective procedures administered by, or under the supervision of a dentist. The term "dentist" means a person licensed to practice dentistry or dental surgery.

Exclude all such services provided as a part of inpatient hospital, outpatient hospital, clinic, or laboratory services and billed for by the hospital, clinic, or laboratory.

Other Practitioner (Line 11) - Services provided by practitioners, other than physicians and dentists, whose services are specified in the State plan. Examples of other practitioners are chiropractors, professional nurses, podiatrists, psychologists, optometrists, and Christian Science practitioners, when recognized under State law. Services of professional nurses include private duty nursing services as defined in 42 CFR 440.80 when recognized in the State plan. If the services of other practitioners are billed for by a hospital they are to be considered as inpatient or outpatient hospital services, as applicable. If eyeglasses or hearing aids are billed for by the professional practitioner, they should be included under "Other Practitioner Services"; otherwise, they should be billed under "Other Care."

CROSSOVER CLAIMS

Part A Crossover Claims (Line 22) - Claims for which all but deductible and coinsurance amounts have already been paid under Medicare hospital insurance program.

Part B Crossover Claims (Line 23) - Claims for which all but deductible and coinsurance amounts have already been paid under Supplemental Medical Insurance Benefits.

ALL OTHER

Clinic Services (Line 13) - Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to outpatients by, or under the direction of, physicians or dentists in a facility which is not part of a hospital, but which is organized and operated to provide such services to outpatients. A clinic staff may include practitioners with different specialities. A group of physicians who share space, services of supporting staff, etc., only for mutual convenience should be considered physicians for reporting purposes rather than a clinic, even though they practice under the name of a clinic.

Home Health Services (Line 14) - The following items and services furnished to a patient in his home (excluding a hospital or nursing home) on recommendation of a physician; intermittent or part-time nursing services provided by a home health agency, or by a registered professional nurse, or licensed practical nurse where no home health agency is available to provide such services; medical supplies, equipment, and supplies suitable for use in the home (where billed by a home health agency); and services of a home health aide and physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services.

Family Planning Services (Line 15) - Medically approved services, other than sterilization, including diagnosis, treatment, drugs, supplies, devices, and related counseling, provided or prescribed by or under the supervision of a physician for individuals of child-bearing age for purposes of enabling such individuals to freely determine the number and spacing of their children.

Laboratory and Radiological Services (Line 16) - Professional laboratory and radiological services that are ordered by a physician or other licensed practitioner, and provided to a patient in an office or similar facility (other than a hospital outpatient department or clinic), or by a qualified laboratory, or physician who provides only such services.

Early and Periodic Screening (Line 18) - Physical and mental health assessments given to Medicaid-eligible individuals under age 21 to carry out the screening provisions of the EPSDT program. These assessments may be done on a group basis in a clinic or by individual practitioners in their offices.

Rural Health Clinic Services (Line 19) - Services provided in a clinic designated by the Secretary to be in a rural, medically underserved area. Services provided by a physician assistant or nurse practitioners working in a rural clinic will be covered if: (1) they are otherwise covered when provided by a physician and (2) the physician assistant or nurse practitioner is legally authorized under State law to perform the services. Services and supplies presently covered when provided as incident to a physicians' service will also be covered. In addition, if there is a shortage of home health agencies in the area, covered services include part-time visiting nurse care and related services provided to a homebound patient by a nurse employed by the rural health clinic.

Sterilization Services (Line 20) - Medical procedures, treatments, or operation performed for the primary purpose of rendering an individual permanently incapable of reproduction.

Other Care (Line 21) - Medical care or services listed in 42 CFR 440, but not classifiable under one of the above defined categories.

EXPLANATION OF TABLE HEADINGS

TABLE 1

Number of Claims - Number of claims processed to completion by the State, fiscal agent, or health insurance plan during the report period. Includes only claims which result in payments or in offsets to a provider's balance due to the State.

Percent Distribution - The percentage that the number of claims for each type of service is of the total number of adjudicated claims for that State.

Average Days From Date of Receipt to Date Adjudicated - The mean number of elapsed days from date of receipt to date of final adjudication.

NOTE: Date of Receipt—The date the claim is received at the State or fiscal agent claims processing facility. For Title XVIII crossover claims this date is the date which the claim is received in the claims processing facility after Medicare has paid its share.

Date of Adjudication—The date on which the claim is fully adjudicated and available for payment (although issuance of a warrant may not occur for several days in most States).

Percent of Claims Requiring 30 (90) Days or Less From Date of Receipt to Date of Adjudication—The percent of claims which were adjudicated during the reporting period for which 30 (90) days or less elapsed from date of receipt to date of adjudication.

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